GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1610
ANSWERED ON:10.12.2008
REVAMPING OF VECTOR BORNE DISEASES CONTROL PROGRAMME
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes to revamp Vector Borne Diseases Control Programme;

(b) if so, the details thereof and the reasons therefor; and

(c) the steps taken by the Government to focus on the areas which are susceptical to vector borne diseases?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) & (b) : Yes,Sir. The National Vector Borne Disease Control Programme (NVBDCP) is impl emented for prevention and control of six vector borne diseases viz. malaria, filarial, kala-Azar ,Japanese Encephalitis, dengue and chikungunya. The reasons for paradigm shift in prevention & control of vector borne disease towards revamping the programme are as under:

Development of drug resistance in malarial parasites

Poor spray coverage in the inaccessible areas and non-acceptance of spray by community

Availability of newer diagnostic tools for quick detection

To achieve elimination target of Kala-Azar & Lymphatic filariasis

Sensitize the community to prevent mosquitogenic conditions in & around their houses

In the absence of any anti-viral medicine for viral diseases like Japanese Encephalitis,Dengue and Chikungunya,more attention is required on Behavior Change Communication (BCC) strategy for community.

The steps taken by the Government to focus on the areas which are susceptible to vector bore diseases are as under:

MALARIA

Use of Rapid diagnostic (RD) test kits and use of Artesunate Combination Therapy (ACT) tablets in Choloroquine Resistant areas have been upscaled

Focused intervention in high prioritized districts and GIS mapping for stratification

Supply of Bednet for use in the programme has been upscaled

Intensified supervision and monitoring of programme implementation especially spraying

Technical Human Resource such as Malaria Technical Supervisor, Lab Technician, MPWs (Male) provided on contractual basis to States and Accredited Social Health Activists (ASHAs) have been involved.

ELIMINATION OF LYMPHATIC FILARIASIS

Annual Mass Drug Administration in filarial endemic districts implemented to interrupt transmission

Intensification of morbidity management for lymphoedema patient and hydrocele operation for patients suffering with hydrocele

Intensification of BCC activities to sensitize community for acceptance of drug KALA-AZAR

Expansion of new tools i.e. Rapid Diagnostic Kits and oral drug Miltefosine to increase the compliance of treatment due to quick diagnosis

Free diet to patient and one attendant and incentive to patient @Rs.50/- per day towards loss of wages during treatment

Incentive to Kala-Azar activist for referring a case and ensuring complete treatment

Intensifying Kala-Azar case search through Kala-Azar fortnights

Focussed interventions especially during indoor Residual Spray under supervision & monitoring

Introduction of patient Coding Scheme

Construction of pucca houses for poor people (Mushar Community) which are worst affected, in collaboration with Ministry of Rural Development

JAPANESE ENCEPHALITIS (JE)

Strengthening of Acute Encephalitis Syndrome (AES)/JE surveillance made through:

Emphasised strengthening of surveillance, sentinel laboratories for diagnosis of JE cases and treatment facilities at peripheral level by:

Establishing 50 sentinel sites for regular surveillance.

12 Apex Referral Laboratories for advanced diagnosis.

Standard Guidelines circulated for AES/JE surveillance

Vector Borne Diseases Control Surveillance Unit set up at BRD Medical College, Gorakhpur, Uttar Pradesh.

Sub office of Regional office of Health & Family Welfare (ROH&FW), Lucknow is functioning at Gorakhpur.

National Institute of Virology (NIV) unit has been established in BRD Medical Collge, Gorakhpur.Funds for functioning of this unit are being released by Government of India through Indian Council of Medical Research (ICMR).

Capacity building and intensive IEC campaign. Involvement of Medical Colleges in JE control programme

Emphasis on Early case reporting and referral of cases

Vaccination with single dose live attenuated SA-14-14-2 vaccine to children between 1-15 years of age continued under Universal Immunization Programme and in 2006, 11 districts in 4 States were covered. In 2007, 27 districts in 9 States were Covered and in 2008, 23 districts in 9 States have been covered.

DENGUE/CHIKUNGUNYA

Strategic guidelines circulated for implementation by the States.

Strengthening of sero-surveillance activities at regular intervals

Monitoring of vector population in vulnerable areas

Integration of Chikungunya (which is re-emerged after 30 years of quinces) in the National Vector Borne Disease Control Programme along with other vector borne diseases.

Intensification of IEC/BCC activities by involving PRIs, Village Health & Sanitation Committee and Cluster of households for community awareness.

Capacity building for the medical officers for case management

Adequate supply of diagnostic kits at the periphery

Strengthening of laboratory services at district hospitals